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ABSTRACT

Both the rural economy and the disability community in rural areas can benefit from a recognition that they are mutually dependent. With the decline of rural America, the economic base underpinning all aspects of disability support systems is weakening. In addition, rural disability services often are compartmentalized along functional lines with varying degrees of internal interaction and weak linkages to community economic development efforts. Recent research suggests that a starting point for improving the situation would be to take the larger world as a given and out of local control, look at local efficiency as a principle goal, and deal with local problems systemwide rather than piecemeal. Development of nonprofits and consolidation of public services may be ways to regenerate local growth through reorganization of local resources. In Montana, experimental limited-service hospitals in sparsely populated areas provide primary shortterm in-patient care. They are associated with nursing homes and use the administrative and diagnostic capacities of larger hospitals through communication links, thus allowing lower costs and greater utilization of nonphysicians. The concept could be expanded to include vocational and rehabilitation components. This strategy turns community service needs into a vehicle for retaining economic activity within the community. Such a strategy could contribute to consensus-building in the rural community and the development of a local human infrastructure in which all people have a part. (SV)

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RURAL ECONOMIES AND DISABILITY

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Interdependency

The rural economy is viewed as peripheral, secondary, out of sight and out of mind in the larger economy, much as people with disabilities as workers and citizens are viewed in the rural community. Both the rural economy and people with disabilities are part of the human experience. Both the rural economy and the disability community in rural areas can benefit from a recognition that they are here to stay, are mutually interdependent, and that potential exists for improvement if mutual interests are recognized. These common threads need explicit definition and the pattern of interaction requires a weave that generates a positive sum in order for the disability community to prosper in the turbulent times facing rural America.

A recognition of the link between economic development and the options available to people with disabilities in the rural context go beyond a simple realization that some people with disabilities need jobs and that a healthy economy is preferable to a weak one. The recognition must go the very core of stability for the support system for people with disabilities in all aspects of their lives, from employment to long-term health care and rehabilitation to living conditions and the quality of life. People with disabilities are stakeholders in the efficiency, diversity, stability and broad statement of interests characterizing the communities they live in.

The Rural Economy

The rural economy today is what remains of a once dominant sector after the transition of the United States into a post-industrial power fighting on terms no longer structurally defined in its favor in an increasingly complex international economy. This means that the rural economy will no longer have the luxury of being a preserve of historical values subsidized by an urban society emergent from rural beginnings. The modern urban society is looking toward a competitive world wide struggle in which U.S. rural values and output are very small factors in survival and a collective rural memory is absent.

Today's economy has been characterized by Richard J. Barnet of the Institute for Policy Studies as one in which "The problem is starkly simple: an astonishingly large and increasing number of human beings are not needed or wanted to make the goods or to provide the services that the paying customers of the world can afford. Since most people in the world depend on having a job just to eat, the unemployed, the unemployable, the underemployed and the 'subemployed' — a term used to

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describe those work part-time but need to work full-time, or who earn wages that are too low to support a minimum standard of living, have neither the money nor the state of mind to keep the global mass-consumption system humming." The rural economy has a disproportionate share of these marginal workers and, by a significant margin, the rural worker with a disability is the least advantaged of all. In Gary Burtless' world we see "a future of lousy jobs" in which the problem is systemic, with the lousy jobs being the end product of economic isolation and noncompetitive levels of savings and investment in the rural sector over the past decades. This is not to say that, for example, agriculture is not productive; it is to say that it does not create jobs. This means that the economic base underpinning all aspects of disability support systems are weakening with the decline of rural America.

Guarantees and Realities

Recent developments that may seem to hold out hope for people with disabilities in an economic sense — for example, the American Disabilities Act — have a moral imperative but may have disappointing results, especially in rural settings. Of primary import in this context is the effect on costs of ADA compliance and the ability to simply not hire in situations in which cost avoidance comes primarily through substitution of capital for labor. Secondly, given scale economies in urban areas relative to rural areas, compliance costs may disproportionately affect investment and job growth in the rural sector. These same phenomena have led to disappointing results in attaining the economic goals of civil rights and EEO legislation. The goals are no less noble for being hard to achieve, but strategies must be developed to cope with adaptations to the cost implications and the economic realities of those factors not within the scope of the legislation. Specifically, ADA provides no jobs nor a guarantee of economic growth.

On the health care side of the equation facing people with disabilities in rural America, the weak rural economy is again the backdrop for the outcome of the sweeping health care reform package sure to come out of the Clinton administration. The goals provide signs of hope, with guaranteed coverage providing financial access for rural people with disabilities to health care chief among the benefits defined so far. However, despite overcoming the financial risks facing people with disabilities, the more self-employed, smaller business community and the smaller population in the rural areas, the reform legislation will not guarantee that providers of health and vocational care will reside in the rural community. The overall economic health of the rural community and the ability of the rural community to be a cost-effective provider of health care will have the most significant effects on whether health care for rural people, and people with disabilities in particular, actually occurs in the rural community where people now live. Given the size of the health care sector of the economy, the health of rural economies may be linked in part to rural residents' ability to keep health care providers and services a vital part of their local communities.

Strategic Commitment

Recent research in which I participated suggests a point of view that may be useful in thinking about the dilemma of people with disabilities in rural communities with fragile economies. In Planning Small Town America we discovered that taking the community as given and planning from the practical realities of place and existing commitments led to insights and potential efficiencies that were not possible through more typical "best case" or "utopian" planning. We recognized that often infrastructure of small towns was underused. Sometimes infrastructure was underused because it was built in anticipation of growth that failed to materialize or because of local economic decline. High costs were then due in part to excess capacity and in part to the fact that new location decisions around the town outside the service areas of the infrastructure were not efficient for the best interests of the global community. For example, impact fees that were designed to pay costs drove people out of the community into fringe areas and prevented the alleviation of the underuse problem and the potential unit-cost reduction of community services. Compartmentalized thinking about individual services such as fire and water and sewer needs led to a failure to keep the overall cost of public services to an achievable minimum. The implications were that this compartmentalization had a negative influence on economic development and jobs and also yielded inefficiency and higher taxes in small towns. We developed "committed lands analysis" to analyze these effects. The approach emphasizes developing infrastructure efficiency on a system-wide basis in a community, and making sure that planning supports this integrated approach so that options are created from cost savings and synergy rather than from growth or factors outside the communities' control.

A look at the broad range of disability services provided in rural America indicates a significant pattern of compartmentalized services along functional lines with varying degrees of internal interaction and weak linkages to economic development efforts in those same communities. In the economic development aspect of the problem we find the following: The independent living centers need a robust economy but are not part of the system that creates one. Vocational Rehabilitation uses job placement as an end goal of therapy but is not part of the planning system creating jobs. All the public services related to people with disabilities need a strong tax base but are not found as part of the economic development efforts to strengthen the tax base. On the efficiency side of the question, disability services in rural communities are often high cost due to lack of integration with other, complementary services and/or due to a pattern of excess capacity and low use in some subsectors of the service system. Compartmentalization often arises from the rural application of standard urban patterns of specialization, in which scale economies are available and inefficiency may come from overburdening the system — not from excess capacity, as we find in the rural setting.

The factors listed above suggest that people with disabilities in rural areas and the system supporting them are making the best of a situation they do not play a role in controlling or in setting the agenda for.

Taking stock would not, however, suggest that people with disabilities or their support systems take on the job of fixing the secular decline of the rural economy or of fixing the health care and Vocational Rehabilitation system as a way of alleviating the situation. Strategic thinking would recognize that solutions in this "new world order" are not found in grand schemes. Taking this as given, one might take some aspect of the phrase "think globally, act locally" and adapt it to the problems facing people with disabilities in rural areas. Committed Lands thinking does just this by acknowledging that the starting point takes the world as a given and out of local control, looks first at local efficiency as a principle goal and deals with local problems system-wide rather than piecemeal.

Economic Development Starts at Home

Many rural communities and virtually every economic development body has at one time or another in recent times sought the elusive quick fix of new business or government location as the antidote to declining economic fortunes or as the answer to the need for revitalization. Some notable successes have been achieved, but many places have either failed at great expense or gained a marginal business location at great cost in terms of expensive inducements and/or giveaways that ultimately have negative social and tax-base effects that are often underestimated at the time. People with disabilities and social services are frequently not helped, and sometimes damaged, by the diversion of services and tax dollars toward new location incentives. The basic philosophy of seeking outside fixes to local economic deficiencies is not unsound, just high risk and potentially very expensive. In any case, one might find the decision by a quality business to locate in a community has more to do with the quality and efficiency of the community and its labor force, infrastructure, health and vocational rehabilitation system, and the derivative quality of life and community spirit, than it does with tax breaks or development incentives. Recognizing this suggests that economic development can begin locally through the effort to improve the quality and efficiency of the community in an experimental and locally integrative fashion. This is the primary way to induce new location, and even if this fails to draw new business, you have a better, more efficient community to live and work in and, thus, significant benefits from your efforts.

The experimental approach implies working on creating new, locally based approaches to generating indigenous growth. The emphasis on location from the outside or export-oriented growth belies the fact that growth ultimately comes from innovation, specialization and cost reduction. Obviously, for the world as a whole, new locations or export-led growth are not possible at this time. This lesson can apply to sub-units such as a rural community. If the existing structure of the community is generating stagnant growth, the needs of people with disabilities may become linked to new structures. The development of non-profits, use of tax-increment districts and consolidation of public services with the goal of reduced costs from an application of the principles of appropriate technology may be examples of ways to generate indigenous growth through a reorganization of local resources.

Rural people with disabilities can find a place in a newly restructured system that uses excess capacity, lowers cost and creates an innovative local attitude toward change.

The emphasis on cost reduction as a growth stimulus can be illustrated very clearly when the example of the Medical Assistance Facility (MAF) is examined. This experimental approach to rural health care illustrates many features of the approach implied above.

The MAF is a limited-service hospital located in communities with populations of less than 1,000 in "frontier" areas (defined as counties with less than six people per square mile). The MAF provides in-patient care that is primary rather than specialized for periods not to exceed 96 hours. The MAF uses the administrative and diagnostic analysis capacity of larger hospitals through communication links, thus allowing lower costs and an expanded role for non-physicians and innovative staffing arrangements. In all of the demonstration sites in rural Montana the MAF is linked to a nursing home, further consolidating primary care and long-term care. The Health Care Financing Administration has arranged a waiver system so that Medicare reimbursement can occur on a cost basis.

In the context of our discussion, the MAF is symbolic of what can be done to solve many problems of people with disabilities, rural communities and the need for economic development in one effort. The concept can provide health care and could be extended to include vocational and rehabilitation components at reduced costs. The concept retains economic activity in the rural area and allows for people to remain in the community both to serve and be served by this health care provider. The concept matches the need for services with the ability of the community to support the supply of health care services at an appropriate level of expertise and cost. The Office of the Inspector General finds that no loss of quality is suffered by the community. In this example, the innovative MAF concept turns health care needs in the rural community into a vehicle for retaining, at efficient cost, economic activity within the community. It is clear that people with disabilities would have a stake in this type of economic development activity.

Committed People

People with disabilities and the service system that provides for their special needs must get involved in the economic development process explicitly and in a way that is part of consensus-building for the rural community. The innovation and change suggested by a model of indigenous growth described here is threatening and disruptive in a stagnant rural community. Such an effort led by people with disabilities and the system supporting their special needs may be even more threatening. The perception exists that this group is traditionally very expensive to serve and thus burdensome to a stagnant or poor community. Disarming this perception requires broad-based effort to build consensus around shared interests of all parties in the community-building effort. To the extent that people with disabilities and their advocates can demonstrate that meeting their needs and employment goals can lead to lower costs, new economic structures

and a more internally stable and attractive community, much can be done to change perceptions.

In his recent book Breaking the Impasse: Consensual Approaches to Resolving Disputes, Lawrence Susskind, MIT professor of Urban and Environmental Planning, speaks to the process of consensus building in ways that are instructive to a community of people who are initially disenfranchised and located in an isolated environment. Susskind identifies six key characteristics of consensus building that need to be woven into the process of getting commitment from people to join together in common goals. First, consensus building is a supplement to representative democracy. Second, it operates informally. Third, it must represent all parties with an interest in the outcome. Fourth, it is assisted conversation, often using facilitators. Fifth, the system is ad hoc; the parties invent the rules. Finally, it is consensus-seeking, ending without a vote when the parties agree they have done everything they can to address the concerns of each of the stakeholding groups present.

Conclusion

Once achieved, a consensus forms a broad-based group of committed people working toward mutually interactive goals. To the extent that people with disabilities and their advocates are part of such a process fostering local economic development in rural communities, they will find their needs integral to new economic structures in the community. They no longer will be cast in the role of an added cost but as part of the system in which growth potential comes from commitments they have made to community efficiency and local diversification of the economic system. The existence of committed people, including people with disabilities and their constituents, is a form of community infrastructure just as important as the schools, the roads or the water system. This public asset is part of the common thread that makes the community fabric hold together and support the quality of life for everyone in a small rural community. Communities such as this concept envisions can survive and rekindle the rural values we see vanishing. One of those values was inclusion, in which people with disabilities were integral parts of the community.

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